**TUNG WAH COLLEGE**

**Student Affairs Office**

**Work-Integrated Learning Programme**

**Letter of Consent from Parent/Guardian**

(for students who wish to start internship before their 18th birthday only)

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am a parent/guardian\* of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of parent/guardian\*) (Student’s name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I hereby consent to let my son/daughter/ward\* named above,

(Student’s HKID number)

who is studying at Tung Wah College, to carry out internship placement with details as follows:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of organization | : |  | | |
| Internship title | : |  | | |
| Internship address | : |  | | |
| Internship country/region | : |  | | |
| Duration | : |  | to |  |
|  |  | (DD/MM/YYYY) |  | (DD/MM/YYYY) |

It is my understanding that:

* the above internship will serve to fulfil the Work-Integrated Learning Programme (WILP) of Tung Wah College, which is part of the student’s curriculum and a required component for their graduation eligibility;
* the College has in place a Group Personal Accident (GPA) insurance policy covering students taking on internships arranged/approved by the College within or outside Hong Kong.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Name of parent/guardian\* |  | Contact number |
|  |  |  |
| Signature of parent/guardian\* |  | Date |

*\* Please delete as appropriate*

**東華學院**

**學生事務處**

**工作體驗學習計劃**

**家長 / 監護人同意書**

(適用於實習首天仍未年滿十八歲之學生)

本人 　　　　　　　　　　　　， 為 　　　　　　　　　　　　（　　　　　　　） 之  
　　　（家長 / 監護人\* 姓名）　　　　　　（學生姓名） 　　　　　（學生證號碼）

家長 / 監護人。

我特此同意讓本人未滿十八歲的子 / 女 / 受監護人\*（即上述學生）以東華學院學生身份參與實習活動，詳情如下︰

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 機構名稱 | : |  | | | |
| 職位 | : |  | | | |
| 實習地址 | : |  | | | |
| 所屬國家 / 地區 | : |  | | | |
| 實習期 | : | 由 | 年　　月　　日 | 至 | 年　　月　　日 |

本人明白：

* 以上實習活動為東華學院工作體驗學習計劃之一部份，並為上述學生修讀課程之必須完成部份；
* 東華學院已為在香港 / 中國內地 / 海外實習之學生購買「學生活動團體個人意外保險」

|  |  |  |
| --- | --- | --- |
|  |  |  |
| 家長 / 監護人\* 姓名 |  | 聯絡電話 |
|  |  |  |
| 家長 / 監護人\* 簽署 |  | 日期 |

*\*請刪去不適用者*